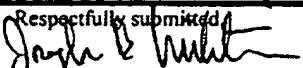


DRAFT		Complete if Known			
FEE TRANSMITTAL FY 2001		Application Serial Number	09/697,479		
		Filing Date	October 26, 2000		
		First Named Inventor	Dakss		
		Group Art Unit	2621		
		Examiner Name	Not Yet Assigned		
		Attorney Docket No.	WMI-004CN1 (8415/5)		
TRADEMARK OFFICE METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
3. <input checked="" type="checkbox"/> Applicant claims small entity status.		130 50	65 25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet	65.00
		130 2,520	130 2,520	Non-English specification For filing a request for reexamination	
		110 390	55 195	Extension for reply within first month Extension for reply within second month	
		890 1,390	445 695	Extension for reply within third month Extension for reply within fourth month	
		1,890 310 310 270 130 50	945 155 155 135 130 50	Extension for reply within fifth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petitions to the Commissioner Petitions related to provisional applications	
		180	180	Submission of Information Disclosure Statement	
		710 710	355 355	Filing a submission after final rejection (37 CFR 1.129(b)) For each additional invention to be examined (37 CFR 1.129(b))	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$270.00 = TOTAL: 710.00 SMALL ENTITY DISCOUNT: 355.00 SUBTOTAL (1) (\$ 355.00)		Other fee (Specify) Other fee (Specify)	
2. AMENDMENT CLAIM FEES				SUBTOTAL (3) (\$ 65.00)	
Claims Remaining After Amend.		Highest No. Previously Paid For	Present Extra	Rate $\times \$ 18.00 =$ $\times \$ 80.00 =$ $+ \$270.00 =$	
Total Indep.					SUBTOTAL (1) 355.00 SUBTOTAL (2) SUBTOTAL (3) 65.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		TOTAL: (\$ SMALL ENTITY DISCOUNT: (\$ SUBTOTAL (2) (\$		TOTAL (\$ 420.00)	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK			
Direct all correspondence to:		Respectfully submitted,  Joseph B. Milstein Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100			